## PROFORMA

1. 2.						Officer (On Deputation Basis		
2.	Full name (in	n block letter	s)				Latest photograp with signature	
		1						
			•				-35	
	1	ŧ	1					
3.	Father's/Husband's name							
4.	Date of Birth				-35			
	Date of Birth				A A A			
_	-		÷ 1	3878		- 10-		
5.	Complete postal address							
5.	Contact num	id		•				
7.	Present Grad Level in 7 <sup>th</sup> F	e Pay in 6 <sup>th</sup> P Pay Commiss	ay Commion					
3.	Detail of Educational Qualifications:							
	Examination passed	University/Board name		Year of passing	Subject taken	Perce	ercentage of marks	
				1				
9.	Details of service rendered:							
	Name of Organization	Post held Pay scale/Pay band wing GP/Level in Pay Matr			x			
				*				
0.	Whether belo serviceman ca		/OBC/Pw	D/Ex-				

## Certificate To Be Furnished by the Employer/Head of Office/Forwarding Authority

1.	Certified that the particulars furnished by Shri/Smt./Ms.							
are co	rrect and he/she p	possesses educational qualifications and experience mentioned in the vacancy						
circula	ar.							
2.	Also Certified that:-							
		is no vigilance or disciplinary case pending or contemplated against						
	Shri/Sn	nt./Ms						
	ii. His/her	Integrity is certified.						
	<ol> <li>Duly attested Photocopies of ACRs for the last five years (2015-16 to 2019-20) are enclosed.</li> </ol>							
	iv. *No major/minor penalty has been imposed on him/her during the last ten years.							
	v. *A list of major/minor penalties imposed on him/her during the last ten years is							
	enclose	d						
	(*Strike	out which is not applicable).						
2								
3.	The Overall grading/numerical grading given in the ACRs of the applicant for the various							
	years are as und	er:-						
	Year	Overall grading/numerical grading (on a scale of Zero (0) to ten (10)						
	2015-16							
	2016-17							
	2017-18							
	2018-19 2019-20							
	2019-20							
···	S	ignature of the Forwarding Authority  Name and Designation						
		Official Seal						
		Complete Office Address						
		Email address of the Forwarding Authority						
	Telephone N	umbe:/Fax No. of the Forwarding Authority						
Date:								
Place								
List of	enclosures:							
1.	-							
2.								
3.								
4.								
5.								
6.								